



CITY OF UPLAND CALIFORNIA INCORPORATED IN 1906

*As we celebrate everyday the ability
to come together once again, staff is eagerly
developing programs that enrich
the lives of our participants.*

*Your opinion and ideas are greatly appreciated
and will guide in selecting future programs.
Please take a few minutes to complete the form.*

What are the ages of people living in your household. (Check all that apply)

- | | | |
|--------------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> 18 or under | <input type="checkbox"/> 18-25 | <input type="checkbox"/> 26-40 |
| <input type="checkbox"/> 40-50 | <input type="checkbox"/> 50-65 | <input type="checkbox"/> 65-75 |
| <input type="checkbox"/> 75-85 | <input type="checkbox"/> 90+ | |

Are you interested in any of the following programs? (Check all that apply)

Activities

- | | |
|---|-------------|
| <input type="checkbox"/> Billiards | Other _____ |
| <input type="checkbox"/> Bingo | |
| <input type="checkbox"/> Bunko | Other _____ |
| <input type="checkbox"/> Domino | |
| <input type="checkbox"/> Gardening Club | |
| <input type="checkbox"/> Loteria | Other _____ |
| <input type="checkbox"/> Trips | |
| <input type="checkbox"/> Volunteer Club | |

Exercise

- | | |
|---|-------------|
| <input type="checkbox"/> Aerobics | Other _____ |
| <input type="checkbox"/> Balance | |
| <input type="checkbox"/> Meditation | Other _____ |
| <input type="checkbox"/> Muscle Tone | |
| <input type="checkbox"/> Gym | Other _____ |
| <input type="checkbox"/> Tai Chi | |
| <input type="checkbox"/> Walking Groups | |
| <input type="checkbox"/> Yoga | |
| <input type="checkbox"/> Zumba/Dance | |

Information & Classes

- | | |
|--|-------------|
| <input type="checkbox"/> Healthy Cooking | |
| <input type="checkbox"/> Painting | Other _____ |
| <input type="checkbox"/> Arts & Crafts | |
| <input type="checkbox"/> Seminars | Other _____ |
| <input type="checkbox"/> Transportation | |

I'm interested in participating in programs offered during the following days and times. (Check all that apply)

- | | |
|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Monday | <input type="checkbox"/> Tuesday |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Thursday |
| <input type="checkbox"/> Friday | <input type="checkbox"/> Saturday |
| <input type="checkbox"/> 9AM - 10AM | <input type="checkbox"/> 11AM - 1PM |
| <input type="checkbox"/> 2PM - 5PM | <input type="checkbox"/> 6PM - 8PM |

What are three major issues affecting the lives of adults age 50+?

☐ _____

☐ _____

☐ _____

If you had three wishes, what programs or services would you like the Gibson Senior Center to provide?

☐ _____

☐ _____

☐ _____

Please share any comments, observations, or concerns:

OPTIONAL: Would you like us to contact you with information about upcoming programs?

Name: _____

Phone: _____

Mail to: Gibson Senior Center Survey
250 North Third Street
Upland, CA 91786

or drop-off at the front desk.

